

GEORGIA STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS
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CONTINUING EDUCATION REPORT

AREA	ACTIVITY	SPONSORSHIP FULL NAME	LOCATION CITY/STATE	DATE/S MONTH/DAY/YEAR	NUMBER OF CLOCK HOURS /DAYS
I ACADEMIC COURSES & PROFESSIONAL SUPERVISION					
II CONVENTIONS					
III WORKSHOPS/ INSTITUTES					

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CONTINUING EDUCATION REPORT

AREA	ACTIVITY	SPONSORSHIP [FULL NAME]	LOCATION CITY/STATE	DATE/S MONTH/DAY/YEAR	NUMBER OF CLOCK HOURS /DAYS
IV APA OR GPA APPROVED CE PROGRAMS					
V SELF INSTRUCTIONAL ACTIVITY					
PROFESSIONAL ETHICS					
PSYCHOPHARM					
CULTURAL DIVERSITY (For first renewal only)					

AFFIDAVIT

Sworn to and subscribed before me this _____ day of _____, 20_____.

I certify that the above is true and accurate information and I have attached required documentation.

Signature of Psychologist

Notary Public _____

Printed/Typed Name of Psychologist

My Commission Expires _____

License Number _____

Date Issued _____

NOTARY SEAL